



FEDERAL DISCRETIONARY GRANTS SECTION
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
PO BOX 480, JEFFERSON CITY, MO 65102-0480
HURRICANE RELIEF PROGRAM FOR HOMELESS & DISPLACED STUDENTS
CERTIFICATION BY NONPUBLIC SCHOOLS FOR EMERGENCY IMPACT AID FOR DISPLACED STUDENTS

FORM DUE THURSDAY, JANUARY 26, 2006

DIRECTIONS

This form is to be completed by the nonpublic school. To process this application, **all** sections of the form must be completed. If more than 26 children are requesting aid, copy Section IV of this form.

The nonpublic school must fax the completed form along with the Application by Parent or Guardian for Aid on Behalf of Nonpublic Displaced Students by Thursday, January 26, 2006 to 573-526-6698.

Questions, contact: Ph. (573) 526-3232 or e-mail to: webreplyimprfdg@dese.mo.gov;

Visit DESE's website at <http://dese.mo.gov/divimprove/fedprog/discretionarygrants/index.html> to view the law and Federal Frequently Asked Questions.

SECTION I - FOR DESE USE ONLY

SIGNATURE OF DESE AUTHORIZED REPRESENTATIVE

DATE

SECTION II - NONPUBLIC SCHOOL INFORMATION

NONPUBLIC SCHOOL NAME

ADDRESS

CITY, STATE

ZIP

NAME OF THE HURRICANE RELIEF NONPUBLIC SCHOOL CONTACT

TITLE OF THE HURRICANE RELIEF
NONPUBLIC SCHOOL CONTACT

E-MAIL ADDRESS

TELEPHONE NUMBER

FAX NUMBER

ADDRESS

CITY, STATE

ZIP

PUBLIC SCHOOL NAME WITHIN WHOSE BOUNDARIES THIS NONPUBLIC SCHOOL IS LOCATED

SECTION III - ASSURANCES AND CERTIFICATION

I certify that this school is a nonpublic school that meets the requirements of paragraph (b)(3) of the law governing Emergency Impact Aid for Displaced Students.

I certify that the displaced students included on the attached list were enrolled in this school on the designated count date.

I certify that payments to Emergency Impact Aid Accounts received from the by-pass contractor will be used by this school only for purposes described in sub-paragraph (e)(2)(A) of the law governing Emergency Impact Aid for Displaced Students.

I certify that I have received and read copies of paragraph (b)(3) and sub-paragraph (e)(2)(A) of the law governing Emergency Impact Aid for Displaced Students.

I certify that I am authorized to make the representations and commitments in this certification, for and on behalf of this school, and otherwise to act as this school's authorized representative in submitting this certification.

I certify that our nonpublic school has waived tuition or will reimburse tuition paid by the parent in order to receive funds under this program.

SIGNATURE OF BOARD-AUTHORIZED REPRESENTATIVE

DATE

[illegible]

SECTION V – TOTALS OF NONPUBLIC STUDENTS				
	Quarter 1 on 9/28/05	Quarter 2 on 11/21/05	Quarter 3 on 1/25/06	Quarter 4 on 3/22/06
Total number of displaced students: (1) for whom the parent expects to receive payments to Individual Emergency Impact Aid Accounts, and (2) who <u>are not</u> receiving special education and related services consistent with IDEA				
Total number of displaced students: (1) for whom the parent expects to receive to provide payments to Individual Emergency Impact Aid Accounts, and (2) who <u>are</u> receiving special education and related services consistent with IDEA				